

**Edge Hill  
University**

## Application Form for:

- **Study Abroad Programme**

Please read the accompanying guidance notes before completing this form. These guidance notes explain all the codes you will need and give general explanations for each section. You must complete all sections. The guidance notes also set out the terms and conditions which you must agree to for processing your application.

Please complete this form in BLOCK CAPITAL LETTERS

### 1 - Personal Information

Last Name	Middle Name	First Name	
Date of Birth(dd/mm/yy)		Male or Female	
Nationality (please provide a copy of your passport)			

### 2 - Contact Details

Permanent address	Term time address (current university)
Zip/post code	Zip/post code
Email	Email
Telephone	Telephone

Please indicate which address you would like correspondence to be sent to:

### 3. - Study Information

Home Institution		
Current Course of Study		
<b>Study Abroad Course/Module Selection</b> (please indicate your 8 choices in the boxes provided)	<b>Course/Module Code</b>	<b>Course/Module Title</b>
<b>Year of proposed study:</b>	1.	1.
	2.	2.
	3.	3.
	4.	4.
<b>Semester of proposed study:</b>	5.	5.
	6.	6.
	7.	7.
	8.	8.

#### 4 – Fee payment arrangements

I will be paying my own fees directly to Edge Hill University

My fees will be paid by my home institution

#### 5 - Physical or other disability or medical condition needing special arrangements or facilities

Details:

#### 6 – Statement of Purpose and Academic Reference

**Please provide a statement of purpose alongside your application form.**

**Please provide one academic reference in support of your application from a member of staff at your current university.**

#### 7 - Criminal convictions

Do you have any criminal convictions?

Yes  No

#### 8 - Student Declaration

**I confirm that the information and details I have given on this form are true, complete and accurate and that no information or other significant details requested have been omitted. I have read the guidance notes and understand what they say and agree to abide by the conditions set out therein, which I accept as the conditions of this application. I agree to Edge Hill University holding, processing and disclosing my information for the purposes outlined in the guidance notes. I agree to being contacted by Edge Hill University by post, telephone or email in connection with this application.**

**Please tick this box if you do not wish to be contacted by Edge Hill University with any commercial information or details of other services or products not directly related to the course(s) applied for.**

Applicants signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### 9 - Application Approval

Name of Academic/Study Abroad Advisor:

Email:

Telephone:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_